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**CERTIFICATE OF FACSIMILE TRANSMISSION**

TO: Examiner: L. Scheiner

I hereby certify that these 24 pages are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

Group 1648

Rebecca McElroy  
NAME (printed)

Fax No.: 703.305.3014

  
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January 9, 2003

DATE

FROM: Andrea L. Gashler  
Reg. No.: 41,029

OUR DOCKET NO.: P-PM 4966

REFERENCE: Serial No.: 09/966,608  
Filed: September 27, 2001  
Entitled: IBD-ASSOCIATED MICROBIAL NUCLEIC ACID MOLECULES

DATE: January 9, 2003

NO. OF PAGES (Including this page): 24**SPECIAL INSTRUCTIONS:**Transmitted herewith are the following **OFFICIAL** documents:

- 1) This fax cover sheet: (1 page)
- 2) Form 1083 transmittal, in duplicate: (4 pages)
- 3) Response to the Office Action mailed November 18, 2002, with attached appendix A: (19 pages)

Please contact Rebecca McElroy at (858) 535-9001 if you DO NOT receive all pages.

Original will follow by:

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AMENDMENT TRANSMITTAL LETTER				DOCKET NUMBER: P-PM 4966
SERIAL NO: 09/966,608	FILING DATE: September 27, 2001	EXAMINER: L. Scheiner	GROUP ART UNIT: 1648	
INVENTION: IBD-ASSOCIATED MICROBIAL NUCLEIC ACID MOLECULES				

TO COMMISSIONER FOR PATENTS

## CERTIFICATE OF FACSIMILE TRANSMISSION

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Rebecca McElroy

NAME (printed)


January 9, 2003  
 SIGNATURE DATE

Transmitted herewith is a Response to the Office Action  
mailed November 18, 2002, with attached Appendix A, in the  
above-identified application.

- Small Entity status of this application has been established under 37 CFR 1.27.
- Petition for Extension of Time is enclosed (in duplicate).
- Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- No additional claims fee is required.
- An additional claims fee is required and has been calculated as shown below:

## CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED	RATE		FEE	
				SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	29	-	31	-	0	x \$9	\$18
INDEPENDENT CLAIMS	3	-	3	-	0	x \$42	\$84
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		YES		X NO		\$140	\$280
						TOTAL ADDITIONAL FEE	\$0.00

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventors: Braun and Sutton  
Serial No.: 09/966,608  
Filed: September 27, 2001  
Page 2

- Please charge my Deposit Account No. 03-0370 the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ \_\_\_\_\_ is enclosed, \$ \_\_\_\_\_ of which covers the fee for a \_\_\_\_\_-month extension of time.
- The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

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